

## Compliance Training Program Registration Form

**PLEASE** provide all the information requested below. If you are sending this form by US mail, please attach the student's business card. Please complete a separate form for each person enrolling in courses. An individual may be enrolled for multiple courses on a single form. If you have registration questions, please call Jacqueline Wilson at (916) 322-8272 or visit us on the web: [www.arb.ca.gov/training/training.htm](http://www.arb.ca.gov/training/training.htm).

**SEND COMPLETED FORMS TO:**

E-mail as an attachment to:

[arbtrain@arb.ca.gov](mailto:arbtrain@arb.ca.gov), or,

Fax to:

(916) 323-3303, or,

Mail to:

Jacqueline Wilson  
Air Resources Board  
Stationary Source Div., Training Section  
P.O. Box 2815  
Sacramento, CA 95812

If you are mailing this form,  
Please attach student's business card here

**PLEASE PROVIDE THE FOLLOWING:**

<b>Student Name:</b>			
<i>last,</i>	<i>first</i>	<i>middle</i>	
I have taken previous ARB courses.		My name has changed. Old name:	
<b>Student Number:</b>	<i>(if known)</i>	My employer/address/phone has changed.	
<b>Job Title:</b>			
<b>Employer:</b>		<b>Division/Section:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Work Phone:</b>	<b>Alternate:</b> <span style="float: right;">Home    Cell    Pager</span>		
<b>Email Address:</b>			

My work *primarily* involves this media (check one):    Air    Hazardous waste    Pesticides    Solid waste    Water    Other

Course Number	Course Title	Date Offered	Course Location	Course Fee

For information about course fees, please visit [www.arb.ca.gov/training/registra.htm](http://www.arb.ca.gov/training/registra.htm)

**Total Amount Enclosed: \$**